

BRIAN WILLIAMS
Mayor

JACKY CAGLE
Councilmember

ANDREA WITT
Councilmember



ESTHER HELTON
Vice Mayor

MIKE CHAUNCEY
Councilmember

CHRIS DORSEY
City Manager

City of East Ridge

*1517 Tombras Avenue
East Ridge, Tennessee 37412
(423) 867-7711*

July 1, 2019

TO: Potential Volunteers

RE: East Ridge Volunteer Program

Thank you for your interest in participating with us as a volunteer of the City of East Ridge! This is just the first step in becoming one of our many wonderful volunteers that assist the City in various ways. From helping out at our Animal Shelter to getting kids excited about reading in our City Library as well as making our annual Christmas Parade the regional success that it is, volunteers help us make our programs even better.

Included in this packet is our volunteer application, release of liability form and volunteer availability form. These can be printed and completed at home. Once those are completed, return the original signed copies to City Hall during our regular business hours. At that time, you will sign our background check waiver to complete the volunteer application process.

After all paperwork is completed, you will be contacted to set up any training necessary and place you within your desired area of work or specific project(s) that may be available. Projects will vary depending on the need at the time, though there is always something that needs to be done (don't worry – we will always need volunteers!)

Once again, thank you for your interest and we look forward to working with you to make East Ridge even better than it was the day before!

Sincerely,

Amanda C. W. Bowers
Community Involvement Coordinator
City of East Ridge

VOLUNTEER APPLICATION

CITY OF EAST RIDGE

1517 Tombras Avenue

East Ridge, TN 37412

The City of East Ridge is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate on the basis of race, sex, color, religion, national origin, age, disability or veteran status in employment opportunities and benefits.

Instructions: Please complete all parts of the application. If you have any questions, please contact Amanda Bowers, Community Involvement Coordinator, at abowers@eastridgetn.gov or (423)490-7088.

Name: _____ Last First Middle			Date: _____
Address: _____			Home Phone #: _____
City	State	Zip Code	Cell Phone #: _____
Email Address: _____			
<p>Have you ever volunteered for the City of East Ridge? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicated department and dates _____ _____</p> <p>Are you related to any person currently employed by the City of East Ridge? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate name, relationship, and department _____ _____</p>		<p>Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State of Issuance: _____ Driver's License Number: _____ Date of Expiration: _____ Class: _____</p> <p>Please list any special accommodations you would require for this position? _____ _____</p>	
Are there any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying? _____ _____ _____			

I, _____, for and in consideration of being allowed to participate as a volunteer for the City of East Ridge, Tennessee, hereby release and waive any and all claims for damages against the City of East Ridge, it's officers, agents, officials, servants, attorneys, assigns, employees, and predecessors and successors in interest from any liability for any injury to my person, including death, any damages to my property, and from any past, present, or future claims, demands or liability, whether known or unknown, disclosed or undisclosed, based upon the aforesaid, and agree to indemnify and hold them harmless from any such liability, claims or damages. I further understand that activities of this type can be hazardous and, knowing this, I hereby execute this waiver and I voluntarily assume any and all risks associated with this activity. This agreement shall remain in full force and effect until I revoke it in writing.

This is the _____ day of _____, 2019.

Signature of Participant _____

Print Name _____

VOLUNTEERS AGE 12 THROUGH 17 MUST HAVE PARENTAL CONSENT



EAST RIDGE VOLUNTEER PROGRAM

AVAILABILITY FORM

NAME: _____ DATE SUBMITTED: _____

POSITION(S) DESIRED: _____

Please fill out days/times of availability. Note any possible conflicts in the Notes section below.

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays

Anything we may need to know when creating your volunteer work schedule? Please explain below:

FOR OFFICE USE	
REC BY: _____	DATE: _____
CALLED: _____	POSITION: _____

City of East Ridge
1517 TOMBRAS AVENUE
East Ridge, Tennessee 37412
423-867-7711
423-867-7340 (Facsimile)

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AND
CRIMINAL/DRIVING HISTORY RECORD INFORMATION**

I, _____, do hereby authorize the review and full disclosure of all records concerning myself to any duly authorized agents of the City of East Ridge, Tennessee, whether the said records are of public, private or confidential nature.

The intent of this authorizations is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records or commercial or retail credit agencies, (including credit reports/ratings); and of financial statements whether filed; medical and psychiatric treatment or consultation, including hospitals, clinics, private practitioners, and the United States Veterans Administration; employment and pre-employment records, including internal investigations, reports, background reports, polygraph exam results, efficiency or fit-for-duty reports, complaints, or grievances filed by or against me; and the records, recollection of attorney at law, or other counsel, whether representing me or another person in a case, either criminal or civil, in which I presently have or have had an interest; and any other document or article of information obtained by a personal history background investigation, which is developed directly or indirectly in a whole or in part, upon release authorization will be considered in determining by suitability as a candidate for employment by the City of East Ridge. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this and I hereby release them from any liability which may be incurred as a result of furnishing such information.

I hereby authorize that City of East Ridge to receive any criminal history information and driver's history information pertaining to me which may be in the files of any criminal justice agency. A photocopy of this release form will be as valid as an original thereof.

APPLICANT'S SIGNATURE: _____

CURRENT ADDRESS: _____

STATE: _____ ZIP CODE: _____ HOME PHONE NO: _____ CELL PHONE NO: _____

RACE: _____ SEX: _____ DOB: _____ SSN: _____

DRIVER'S LICENSE NO: _____ STATE: _____

VALID EMAIL ADDRESS: _____

**APPLICANT AUTHORIZATION AND CONSENT FOR
RELEASE OF INFORMATION**

This release and authorization acknowledges that the City of East Ridge, Tennessee, may now, or at any time while I am employed (should I become employed), contact personal references, conduct a verification of my education and licenses certifications, employment/work history, motor vehicle records and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to make employment decisions pursuant to the City of East Ridge's employment policies (whether written or unwritten). The City of East Ridge may request credit reports in accordance with the Fair Credit Reporting Act.

I authorize the City of East Ridge's employment verification vendor and any of its associates, to disclose orally and in writing the results of this verification process to the designated authorized representative of the City of East Ridge. The City of East Ridge may at its discretion change the vendor and this release will remain in effect.

I have read and understand this release and consent, and I authorize the background verification. I authorize all persons, schools, current and former employers and other organizations and Agencies to provide the City's employment verification vendor, or its associates with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to release and discharge the City of East Ridge, the employment verification vendor and their associates to the full extent permitted by the law from any claims, damages, losses, liabilities, cost and expenses or any other charge or complaint filed with any Agency arising from the retrieving and reporting of information. According to the Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report. I have been given a summary of my rights under the Fair Credit Report Act.

Printed Name (Last, First, M.I.)

Social Security Number

Signature

Date

**NOTICE OF SHARING CRIMINAL HISTORY RECORD AND RIGHT TO
CHALLENGE**

**NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RESULTS WILL
BECOME PART OF SCREENING CLEARINGHOUSE**

This notice is to inform you that when you submit a set of fingerprints to the City of East Ridge for the purpose of conducting a search for any Tennessee and national criminal history records that may pertain to you, the result of that search will be return to the City of East Ridge. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history records that may pertain to you to the City of East Ridge from which you are seeking approval to be employed. The fingerprints submitted will be retained by the City of East Ridge.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, an acknowledgement receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collection your information and how your information will be used, retained, and shared.¹
- If you have a criminal history record, the official making determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information on the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at the Title 28, Code of Federal Regulations (CFR). Section 16.34.
- If you have criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.²

¹ <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

² See 28 CFR 50.12(b).

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based in submission of the person's fingerprints. Therefore, if you wish to review your records, you may be entitled to request that the agency that is screening the records provided you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in the Rules of Tennessee Crime Information Center, Chapter 1395-I-I as amended. If Tennessee Crime Information Center is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disability.

The FBI's Privacy Statement (FORM C) follows on a separate page and contains additional information.